

Assessment of Community for Nursing Home Collaboration

IDPH FLEX CAH QI Coordinator Regional Meetings 2015

43 CAHs in attendance at Regional Meetings

Number of NHs in Communities- 1-10

49% of the CAH in attendance have a community group. This 49% meet either monthly or quarterly. Some started monthly and have changed to quarterly. 51% of hospitals in attendance have no community group.

Palliative Care – 28% of the attending hospitals have access.

Barriers to reducing returns to the hospital or admits to ER:

1. END of Life - conversations don't happen soon enough
2. Family not ready for Hospice
3. Dr. doesn't trust NH staff
4. NH staff doesn't think it is a big deal to send to ER
5. NH staff doesn't talk to Dr. before transferring to ER
6. Hospital not getting good information from NH
7. Dr. Orders ER visit
8. Communication breakdown (NH, ER, MD)
9. Family wants hospital for End of Life instead of NH
10. NH Management turnover
11. Behavioral Health is a struggle
12. Education of Dr.
13. Premature DC
14. Education of patient and family and staff at NH
15. Urosepsis at NH

Reason for return to hospital:

1. Miscommunication – poor handoffs
2. Alteration in symptoms
3. Unregulated diet
4. Non compliance with treatment
5. Family has unrealistic expectations
6. End of Life refused or there was no discussion with providers
7. Patient discharged too soon
8. Lack of critical thinking by NH staff
9. Drs. continue to treat